

Application or Docket Number

08/97956

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR.	OTHER SMALL I	
TOTAL CLAIMS							.	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*			X42=	_	OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=	_	OR	+280=	
* If the difference in column 1 is less th				ss than zero, enter "0" in column 2				TOTAL		OR	TOTAL	
4) CI		MENDED	MENDED - PART II				SMALL ENTITY			OTHER SMALL	
/		(Column 1) CLAIMS	1 - 1	(Colur		(Column 3)	וֹ וֹ		ADDI-			ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
NDME	Total	29	Minus	** 1	0	= /		X\$ 9=	/	OR	X\$18=	
4ME	Independent	* '4'	Minus	*** (⁷ 1	= /		X42=		OR	X84=	
_	FIRST PRESE	NTATION/OF MI	JLTIPLE DEF	ENDEN	T CLAIM		ŀ	+140=		OR	+280=	
								TOTAL			TOTAL	
					۵۱	(O - 1 0)		ADDIT. FEE			ADDIT. FEE	
		(Column 1) CLAIMS		(Colui	mn 2) ÆST	(Column 3)	4 ,	· · · · · · · · · · · · · · · · · · ·	4001		-	4001
NT B		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		-	4	X42=	-	OR	X84=	
Ľ	FIRST PRESE	NTATION OF MU	ULTIPLE DEF	ENDEN	CLAIM		ل	+140=		OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)_					
AMENDMENT C	* 1 * · · · · · · · · · · · · · · · · ·	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE
DME	Total	*	Minus.	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIN		L	.4.40			+280=	1
•	If the entry in colu	mn 1 is less than t	he entry in coli	ımn 2. writ	te "0" ka ca	olumn 3.		+140= TOTAL		OR	TOTAL	
**	If the "Highest Nu	mber Previously P	aid For IN THI aid For IN TH	IS SPACE	is less the	an 20, enter "2 an 3, enter "3."	•	ADDIT. FEE	propriate bo	OR	ADDIT. FEE	





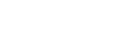
PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

979367

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
FOR NUMBER FILED					MBER	EXTRA		RATE	FEE		RATE	FEE
BASIC FEE								395.00	OR		790.00	
TOTAL CLAIMS minus 20 = *							x\$11=		OR	x\$22=		
INDEPENDENT CLAIMS minus 3 = * /								x41=		OR	x82=	82
MULTIPLE DEPENDENT CLAIM PRESENT]	+135=		l	+270=	0
* If the difference in column 1 is less than zero, enter "0" in column 2										OR		620
TOTAL										OR	TOTAL	812
		(Column 1)	AMENDED	- PART I Colum)		(Column 3)		SMALL ENTITY			OTHER THAN SMALL ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
IDM	Total	*	Minus	**		=	x\$11=		OR	x\$22=		
AMENDMENT	Independent	*	Minus	***	*** =			x41=		OR	x82=	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
	(Column 1) (Column 2) (Column 3)							TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT	7	HIGHE NUME PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total	* 27	Minus	" 2C)	= 7	$\ \ $	x\$11=		OR	x\$22=	126
AMEN	Independent	* 9	Minus	*** 4		= 5		x41=		OR	x82€	390.
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
		(Column 1)		(Colum	nn 2)	(Column 3)	A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 23	Minus	-2)	=		x\$11=		OR	x\$22=	
ME	Independent	. 9	Minus	*** 9	7	; =		x41=		OR	x82=	
∠	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												





Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							ſ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
то	TAL CHARGEA	BLE CLAIMS	minus 20=		*			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	minus 3 =		*			X40=			X80=		
MULTIPLE DEPENDENT CLAIM PRESENT										OR			
* If the difference in column 1 is less than zero, enter "0"						olumn 2		+135=		ÖR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL.		
	C	(Column 1)	WIENDED -	(Colur	mn 2)	(Column 3)	_	SMALL E	ENTITY	OR	OTHER SMALL I		
AMENDMENTA	* 19 =	CLAIMS REMAINING AFTER AMENDMENT	et (Mr.)	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 23	Minus	** 7	27	=		X\$ 9=		OR	X\$18=		
AME	Independent	* 4 NTATION OF M	Minus	***	9	=		X40=		OR	X80=		
<u> </u>	FINOT PRESE	NTATION OF W	JETIPLE DEPE		CLAIM		' [+135=		OR	+270=		
•							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
F		(Column 1)		(Colu		(Column 3)							
AMENDMENTS		CLAIMS REMAINING AFTER AMENDMENT	* W	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 29	Minus	**	27	= > -		X\$ 9=		OR	X\$18=	36	
AME	Independent	* 4	Minus	***	9	=		X40=		OR	X80=	· · · · · · · · · · · · · · · · · · ·	
Ŀ	FIRST PRESE	NTATION OF MI	JLTIPLE DEPE	NDEN	CLAIM		!	+135=			+270=		
							L	TOTAL		OR OR	TOTAL	36	
	C	(Column 1)		(Colur	mn 2)	(Column 3)	Α	DDIT. FEE L		OH,	ADDIT. FEE	ر کو ک	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	學學	HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL \FEE		RATE	ADDI- TIONAL FEE	
	Total	. 24		** 0	29	=		X\$ 9=		OR	X\$18=\	t.	
	Independent	NTATION OF M	Minus	***	CLAIM	-		X40=		OR	X80=		
<u></u>	1. 1101 1 11202	TATION OF W	OLIN EL DEFE	.INDEINI	OLANIVI		」	+135=		OR	+270=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												